

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



July 3, 1991

ALL-COUNTY LETTER NO. 91-61

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IMPLEMENTATION OF AUTOMATED INITIAL/REPLACEMENT
TIMESHEETS WITHIN THE CASE MANAGEMENT, INFORMATION AND
PAYROLLING SYSTEM (CMIPS)

This letter is to inform you that effective July 15, 1991 the In-Home Supportive Services (IHSS) program will make automated Initial/Replacement Timesheet processing within CMIPS available to Counties. This project is being implemented at the request of the County Welfare Directors Association.

The automation of Initial/Replacement Timesheets will allow Counties to make timesheets more readily available to recipients and their providers, and save County staff from the tedious chore of completing timesheets with case identifying information, which is already available on computer. Currently, if a County wants to create an initial or replacement timesheet, County staff must manually complete a timesheet using blank forms.

All Counties will be able to use the new paper stock Initial/Replacement Timesheet form, regardless of whether they are printing timesheets in the County, printing at EDS and having the timesheets returned to the County or not printed at all but completed by hand. This will eliminate the need to stock two different timesheet forms. The Initial/Replacement Timesheet form will be numbered SOC 361IR. This form will be perforated so that a provider can complete and detach the bottom portion, for return to the County. The top portion of the form will have general information that can be retained by the provider for future reference (see attached).

Counties that wish to continue generating timesheets by hand will be able to use the remaining stocks of SOC 311 and SOC 361 (3/86) - Initial Timesheet (in pads), forms until exhausted.

Responsibilities of the County, Electronic Data Systems (EDS) and the State Department of Social Services (SDSS) are outlined as follows:

County

Counties will assume the cost of the Initial/Replacement Timesheet forms and envelopes required to send the form to the provider.

EDS

EDS will warehouse supplies of the Initial/Replacement Timesheet form, envelopes for mailing timesheets to providers and print the timesheets for those Counties which do not have printers.

SDSS

IHSS/CMIPS will assume all the CMIPS transaction costs for the Initial/Replacement Timesheets and timesheet return envelopes.

The Initial/Replacement Timesheet information, containing specific procedures and field-by-field descriptions for the IHSS/CMIPS USERS Manual, will be distributed in the July 1991 IHSS/CMIPS Newsletter.

County Processing of Initial/Replacement Timesheets

The County will have to use a SOC 311 form to enter timesheet data. This form does not yet have the Timesheet, Timesheet Start Date and Timesheet Stop Date fields on it, however, a County can write this information in the blank space beside the second Provider Number, located in the middle of the form.

The County will be able to designate which and how many days of work will be authorized and printed on the timesheets. The paper stock, supplied to the Counties, will have a calendar grid with space for 15 or 16 days. For example, if a County determines that it only wants 10 days to appear on the timesheet, then CMIPS will print the dates of these 10 days on the calendar grid. Or, if the County wants the provider timesheet to only show the 22nd through the 31st days of the month, CMIPS will print the 22nd through the 31st on the calendar grid of the timesheet.

The County can also enter a Timesheet Start Date and Timesheet Stop Date to create a different date range than CMIPS would automatically create.

A SOC 311 turn around document is created whenever a timesheet(s) is produced by the CMIPS.

Initial Timesheets (Adding a Provider to CMIPS)

The County must complete a SOC 311 form and enter the provider information into CMIPS, via the PELG Screen, in accord with

current procedures. Beginning July 15, 1991 the CMIPS will automatically print an initial timesheet for all new providers, unless a "N" is entered in the Timesheet field on the PELG Screen. If the County wants to create more than one timesheet, it must enter a Timesheet Start Date and Timesheet Stop Date. The stop date is determined by the County when it believes the provider will receive his/her first paycheck (which will include a new timesheet). This information can then be entered onto the PELG Screen.

1. Single Timesheet Only

When adding a new provider to CMIPS, the PELG Screen will display a "Y" in the Timesheet field. If the County wants only one initial timesheet created, it does not need to enter dates into the Timesheet Start Date and Timesheet Stop Date fields. Under this option, the start date on the provider's timesheet will be the earliest Beginning Date (SOC 311, Field F2, G2 or H2) of employment eligibility.

2. Multiple Timesheets

If the County wants more than the initial timesheet or a starting date displayed on the timesheet that is other than the earliest Beginning Date (SOC 311, Field F2, G2, or H2), it must enter the Timesheet Start Date and Timesheet Stop Date. By opting for multiple timesheets, a County overrides the one timesheet feature and consequently must enter the start date and stop date which creates the date range of authorized work hours that will be printed on the provider's timesheets.

Replacement Timesheets

For Replacement Timesheets, the County may or may not choose to use the computer to generate timesheets. But, if a County wishes to use the computer, it must enter a Timesheet Start Date and Timesheet Stop Date on the PELG Screen via the SOC 311 form to create a replacement timesheet.

Generic Timesheets

Generic timesheets are timesheets that have only the case and provider identifying information printed, with the calendar grid left blank. Under this option, it is the County's responsibility to write in the appropriate days that the provider is authorized to work.

Advance Pay Timesheets

The County can also create Initial/Replacement Timesheets for Advance Pay recipients. Advance Pay Timesheets have the same 15/16 day calendar grid as arrears timesheets. The system will then automatically create 2 timesheets. The first timesheet will be generated for the pay period in which the earliest Beginning Date (SOC 311, Field F2, G2, or H2) falls. The second timesheet will cover the next full pay period after the first timesheet's dates. For example, if the earliest Beginning Date is the 5th of the month, the system will create a timesheet for the date ranges of the 5th through the 15th and an additional timesheet will also be created for the 16th through the 31st. If the earliest Beginning Date is the 25th the system will create a timesheet with the date ranges of the 25th through the 31st and an additional timesheet for the 1st through the 15th.

Manual Timesheets

All Counties have the option of manually completing a timesheet using the Initial/Replacement Timesheet form. However, Counties will no longer be able to order the old SOC 361 (3/86) - Initial timesheet, that were distributed in pads. As of July 15, 1991 Counties can use either the existing supply of Initial timesheets until exhausted, or use the new Initial/Replacement Timesheet form paper stock (SOC 361 IR) to write the provider information onto the timesheet. This option can be used whenever a County needs to create a provider timesheet immediately.

Printing and Mailing of Timesheets

Timesheets will be printed the day after data is entered. All Initial/Replacement Timesheets should have a Timesheet Return envelope included with the timesheet when it is mailed. The Timesheet Return envelope is easily identified by the red stripe across the top of these envelopes. All Counties will have the option of using a Notice of Action (NOA) (2 window) envelope, purchased from EDS, or its own window envelope to mail the Initial/Replacement Timesheet and Timesheet Return envelope to the provider.

1. If a County has a CMIPS printer(s) the automated timesheets will be printed on the printer the following morning after the timesheet data was entered into CMIPS.
2. If a County does not have a CMIPS printer(s) the automated timesheets will be printed at EDS and returned directly to the County for mailing.

Supplies

Supplies of Initial/Replacement Timesheets and NOA (2 window) envelopes are available from EDS. To order these items a County purchase order must be sent to:

EDS
P.O. Box 700
Rancho Cordova, CA 95741

The cost for timesheet return envelopes will continue to be assumed by the State. The County can obtain supplies of this envelope (stock number 7 - 1000) by completing a SDSS Order Form (GEN 727 -B) and sending it to:

DSS WAREHOUSE
P.O. Box 22429
Sacramento, CA 95822

If you have any questions regarding automated Initial/Replacement Timesheets within CMIPS, please call Barry Bureau at (916) 323-9283.

Sincerely,



LOREN D. SUTER
Deputy Director
Adult and Family Services

cc: CWDA

YOUR
IHSS
OFFICE

- VEA EL REVERSO EL CUAL CONTIENE LA TRADUCCION DE INSTRUCCIONES IMPORTANTES
IMPORTANT INSTRUCTIONS

1. THE PERSON YOU WORK FOR IS AN IHSS **RECIPIENT** AND SHALL BE REFERRED TO AS YOUR **EMPLOYER** IN THESE INSTRUCTIONS AND ON THE TIMESHEET.
2. YOU ARE REFERRED TO AS A **PROVIDER** AND ARE CONSIDERED THE **EMPLOYEE** OF THIS RECIPIENT.
3. THIS TIMESHEET IS ONLY FOR ONE PAY PERIOD AND INCLUDES THOSE DAYS YOU MAY HAVE WORKED FOR AN IHSS RECIPIENT.

THE TIMESHEET MUST BE COMPLETED WITH THE HOURS YOU WORKED AND RETURNED TO THE COUNTY IHSS ADDRESS LISTED BELOW
LA HOJA DETIEMPO TIENE QUE SER COMPLETADA CON LAS HORAS QUE USTED TRABAJO Y DEBE SER REGRESADA A LA DIRECCION DEL CONDADO PARA IHSS.

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RECIPIENT NUMBER 																														PROVIDER NUMBER 																													
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WE AFFIRM THAT THIS TIME SHEET IS A TRUE AND CORRECT STATEMENT OF TIME WORKED UNDER THE IHSS PROGRAM. WE AFFIRM THAT THE SHARE OF COST AND/OR OTHER LIABILITY AMOUNT SHOWN ABOVE HAS BEEN PAID BY THE RECIPIENT FOR THIS PERIOD. WILLFUL MISSTATEMENTS COULD RESULT IN PROSECUTION FOR FRAUD. AFIRAMOS QUE ESTE HORARIO ES CUENTA VERDADERA Y CORRECTA DE HORAS TRABAJADAS BAJO EL PROGRAMA IHSS. AFIRMAMOS QUE LA PARTE DEL COSTO Y/O OTRA CANTIDAD DE OBLIGACIONES ANOTADA ARRIBA HA SIDO PAGADA POR EL RECIPIENTE PARA ESTE PERIODO. LAS DECLARACIONES INTENCIONALMENTE INCORRECTAS PUEDEN CAUSAR PROSECUION POR FRAUDE.																																																											
"DO NOT SIGN UNLESS YOU HAVE READ AND UNDERSTAND INSTRUCTIONS ON REVERSE SIDE." "NO FIRME HASTA QUE HAYA LEIDO Y ENTENDIDO LAS INSTRUCCIONES AL DORSO."																																																											
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INSTRUCCIONES IMPORTANTES

1. ESTA HOJA DE HORAS TRABAJADAS ES PARA UN PERIODO DE PAGO SOLAMENTE, E INCLUYE LOS DIAS QUE PUDO HABER TRABAJADO PARA UNA PERSONA QUE RECIBE IHSS.
2. LA PERSONA PARA LA CUAL USTED TRABAJA RECIBE IHSS Y EN ESTAS INSTRUCCIONES ASI COMO EN LA HOJA DE HORAS TRABAJADAS, NOS REFERIREMOS A EL/ELLA COMO SU PATRONO.
3. NOS REFERIMOS A USTED COMO EL PROVEEDOR Y SE LE CONSIDERA EL EMPLEADO DE ESTA PERSONA.
4. ES POSIBLE QUE SU PATRONO TENGA OTROS PROVEEDORES TRABAJANDO PARA EL/ELLA.
5. SU PATRONO TIENE LA RESPONSABILIDAD DE DECIRLE CUANTAS HORAS PUEDE TRABAJAR USTED EN UN PERIODO DE PAGO, Y LOS DIAS QUE TRABAJARA.
6. SI HAY LA OBLIGACION DE PAGAR PARTE DEL COSTO U OTRA OBLIGACION QUE SE MUESTRE EN LA HOJA DE HORAS TRABAJADAS QUE SE ADJUNTA, SU PATRONO TIENE LA RESPONSABILIDAD DE PAGAR ESA CANTIDAD.
7. ASEGURESE DE ANOTAR CADA DIA, LA HORAS QUE TRABAJO, Y ANOTE EL TOTAL DE HORAS TRABAJADAS DONDE SE LE INDICA EN LA HOJA.
8. ASEGURESE QUE TANTO USTED COMO SU PATRONO FIRMEN Y LE PONGAN LA FECHA A LA HOJA DE HORAS TRABAJADAS.
9. DESPUES QUE HAYA TRABAJADO TODAS SUS HORAS CORRESPONDIENTES A ESE PERIODO DE PAGO, REGRESE DE INMEDIATO LA HOJA QUE SE ADJUNTA, A LA DIRECCION DEL CONDADO QUE SE ENCUENTRA IMPRESA EN LA HOJA DE HORAS TRABAJADAS.
10. ENVIE LA HOJA DE HORAS TRABAJADAS EN EL SOBRE QUE SE INCLUYE CON LA MISMA.
11. SU HOJA DE HORAS TRABAJADAS PROXIMA, SERA INCLUIDA CON EL CHEQUE QUE RECIBA EN EL CORREO.

SEPARE EN LA LINEA PUNTEADA (CONSERVE LA PARTE SUPERIOR PARA SU INFORMACION)

<p>EXPLANATION: <u>SHARE OF COST LIABILITY:</u> THE AMOUNT THE RECIPIENT IS TO PAY FOR HIS/HER OWN CARE. <u>OTHER LIABILITY:</u> THE AMOUNT TO BE COLLECTED BY THE PROVIDER FROM THE RECIPIENT TO PAY FOR HIS/HER OWN CARE. <u>OVERPAYMENT:</u> THE AMOUNT OF OVERPAYMENT YOU OWE WHICH WILL BE DEDUCTED FROM YOUR CHECK. EXPLICACION: <u>RESPONSABILIDAD PRO LA PARTE DEL COSTO:</u> LA CANTIDAD QUE EL RECIPIENTE DEBE PAGAR PRO SU PROPIO CUIDADO. <u>OTRAS RESPONSABILIDADES:</u> LA CANTIDAD QUE EL PROVEEDOR DEBE COBRARLE AL RECIPIENTE PARA PAGAR POR SU PROPIO CUIDADO. <u>PAGO EXCESIVO DEL PROVEEDOR:</u> LA CANTIDAD DEL PAGO EXCESIVO QUE USTED DEBE, QUE SERA REDUCIDA DE SU CHEQUE.</p>	
<p>NOTE: THE DISCLOSURE OF INFORMATION WHICH IDENTIFIES YOUR EMPLOYER AS AN IHSS RECIPIENT IS PROHIBITED BY LAW. (REF. WELFARE AND INSTITUTIONS CODE SECTION 10850 AND DEPARTMENT OF SOCIAL SERVICES MANUAL OF POLICIES AND PROCEDURES, DIVISION 19.)</p> <p>NOTA: LA DIVULGACION DE INFORMACION QUE IDENTIFIQUE A SU EMPLEADOR COMO RECIPIENTE DE IHSS SE PROHIBE POR LEY. (VEA LA SECCION 10850 DEL CODIGO DE BIENESTAR E INSTITUCIONES Y LA DIVISION 19 DEL MANUAL DE PRACTICAS Y PROCEDIMIENTOS DEL DEPARTAMENTO DE SERVICIOS SOCIALES.)</p>	
<p>PLEASE CHECK THE "HOURS WORKED" BOXES AND "TOTAL HOURS WORKED" BOX TO BE SURE THEY ARE MATHEMATICALLY ACCURATE AND THAT THE HOURS YOU WORKED DO NOT EXCEED THE HOURS AUTHORIZED.</p> <p>POR FAVOR REVISE LAS CASILLAS "HOURS WORKED" (HORAS TRABAJADAS) Y "TOTAL HOURS WORKED" (TOTAL DE HORAS TRABAJADAS) PARA ASEGURARSE QUE LAS HORAS QUE USTED TRABAJO NO EXCEDIERON LAS HORAS AUTORIZADAS.</p>	
<p>WRITE NEW ADDRESS IN THIS BOX: ESCRIBA SU NUEVA DIRECCION EN ESTA CASILLA:</p>	
<p>FOR COUNTY REVIEW PURPOSES ONLY</p>	
<p>REVIEW DATE AND INITIALS</p>	<p>COMMENTS</p>